



IMPROVING THE WORLD'S ORAL HEALTH

DENTAID

(A company limited by guarantee)

**Annual Report &
Financial Statements**

Year ended 31 March 2011

Giles Lane
Landford
Salisbury
Wiltshire, SP5 2BG
Charity Registration No 1075826
Company Registration No 3660759

Dentaid

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Dentaid is a company limited by guarantee, incorporated in England on 3 November 1998 and registered as a charity on 3 June 1999.

Company Registration Number 03660759

Charity Registration Number 1075826

Dentaid

Reference and Administrative details

Company Registration Number 03660759

Charity Registration Number 1075826

Trustees Jeremy Hett (Chairman)
S.R. Bruce Gollings
Luke Gollings [retired October 2010]
Hannah Keanie
Stephen Sparks
Crispin Keanie
Wayne Naseman

Company Secretary Andrew Jong

Chief Executive Andrew Jong

**Registered Office/
Principal Office** Giles Lane
Landford
Salisbury
Wiltshire SP5 2BG

Bankers HSBC plc
Market Square
Llanfair Caereinion
Welshpool
Powys SY21 0RL

Auditors Wortham Jaques
130a High Street
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Exeter
Devon EX17 3LQ

Dentaid

Trustees' Report

The trustees present their fourteenth Annual Report together with the financial statements of Dentaid for the year ended 31 March 2011.

The financial statements have been prepared in accordance with the Memorandum and Articles of Association, the Charities Act 1993, the Statement of Recommended Practice: Accounting and Reporting by Charities issued in March 2005 ('the Charities SORP 2005') the small companies regime (section 419 (2)) of the Companies Act 2006 and the Financial Reporting Standard for Smaller Entities (effective April 2008).

1 Administrative Details

The reference and administrative information about the Charity, its Trustees and advisors is set out on page 2.

2 Structure, Governance and Management

2.1 Governing Document

Dentaid was incorporated as a company limited by guarantee on 3 November 1998 and registered as a charity on 3 June 1999. The company was established under a Memorandum of Association which established the objects and powers of the Charitable Company and is governed by its Articles of Association.

2.2 Board of Directors (Trustees)

Dentaid is directed by a Board of Directors, who are known as Trustees for the purposes of charity law and throughout this report are collectively referred to as the Trustees. The Trustees are professional people drawn from the dental and various other professional sectors and appointed at the Charity's annual general meeting or formal quarterly board meetings. Their time is given voluntarily. Meetings are held quarterly and business is conducted largely by discussion and consensus in formal meetings.

We express our thanks to Luke Gollings, who resigned this year after having served on the Board since 2000. We have approached some potential candidates about Trusteeship during the year and are pleased to have received a positive response from both Andrew and Rachel Evans, who have attended a couple of meetings as guests and will now be formally asked to join the Board. Further Trustees are still being sought to bring skills identified by our review to the Board.

We also wish to acknowledge the very valuable contribution made by some very committed volunteers towards our work.

Induction of new Trustees is undertaken in a structured manner, following an initial period when potential Board members are invited to attend as guests to gain an introduction to the charity and meet other Board members. The induction is managed by the Chief Executive and Chairman. Training and briefings for Trustees on matters concerning the strategic, legal and operational aspects of the charity are arranged from time to time, with inputs from external consultants as well as from the senior staff of the charity.

A skills analysis conducted on the Board informs the Trustees of specific skills and other characteristics and qualities that are needed to enhance its composition. Bearing this in mind, new Trustees are currently recruited through personal and professional networks and to date these methods have been successful, although we have found that quite a few suitable candidates who have been approached have declined due to having too many existing commitments. Trustees are elected for three years with a third of the Board due for re-election each year.

The Board takes responsibility for all policy decisions. The minutes of Board meetings constitute the formal record of proceedings and decisions taken and approved by the Directors.

The day-to-day operations of the charity are delegated to the Chief Executive Officer, who works in close association with the members of the Board of Directors, drawing upon their expertise as appropriate.

2.3 Risk Management

The trustees give consideration to the major risks to which the charity is exposed when updating its strategic plans. These include internal and external risks that, if occurring, would be likely to affect finance and resources, staffing and other aspects of the work of the charity. The trustees are satisfied that procedures and systems are in place to monitor and control these risks, to mitigate any impact that they may have on the charity in its future operations.

The last formal review of Dentaids' major risks and its contingencies and monitoring and control systems was held by the Board of Trustees on 26th October 2010.

3 Objectives and Activities

3.1 Mission Statement

The Mission of Dentaids, which is built upon our statutory objects clause, is:
"To improve the oral health of disadvantaged communities around the world."

3.2 Objects and Aims of the Charity

The objects of the charity may be summarised as follows:

"To enable people of disadvantaged communities to achieve an optimal level of oral health and contribute to their general well-being, with easy access to appropriate and cost effective preventive measures and oral health care services."

The main strategies for achieving the above objectives are:

Oral Health Promotion

Dentaids will support or initiate programmes which enable people to increase control over and improve their own oral health. These may include educational and preventive programmes. Such programmes are planned efforts to build supportive public policies, create supportive environments, strengthen community action, develop personal skills or re-orientate health services in the pursuit of oral health goals.

Physical Resources

Dentaids will facilitate the provision of equipment and consumable resources to support tertiary centres of oral care. In addition it will develop and facilitate the provision of portable resources that are appropriate to a primary oral health setting.

Capacity Building

Dentaids will build the capacity of individuals and organisations through the transfer of knowledge and/or skills or the support of such initiatives in order to improve the oral health of their communities.

Advocacy

Dentaids will campaign, lobby and educate on behalf of individuals and/or communities to address the causes of poor oral health or to promote oral health by influencing the decisions of government, companies, groups and individuals whose policies or actions affect the oral health of the people.

3.3 Public Benefit

In setting our programme each year we have regard to both the Charity Commission's general guidance on public benefit and prevention and relief of poverty for the public benefit. The trustees always ensure that the programmes we undertake are in line with our charitable objects and aims.

Our ambitious aim is to significantly improve oral health care for the disadvantaged in the areas where we work.

In planning our projects and activities the trustees of Dentaid have complied with their duty in section 4 of the 2006 Charities Act to have due regard to guidance published by the Charity Commission.

4. Achievements and performance

We began the year in a leaner and scaled down state following significant changes in 2009/10 and have begun to see the benefits of those decisions reflected in our operations and activities this year. We were able to respond to a couple of important and beneficial opportunities that were presented to us and continue to make the desired migration in strategic emphasis and the better positioning of the charity to deliver more holistic oral health programmes with quality partnerships.

Those changes in strategic emphasis, i.e. increasing our activities in the areas of oral health promotion and capacity building, do have an impact upon our traditional core business of refurbishing and supplying dental surgeries and equipment worldwide. Our aim is to see a better and more holistic approach to the oral health programmes that Dentaid supports, with effective service provision and oral health care taking place at all levels of need, from the local rural community, through the primary health centre to the area hospital and larger dental surgery. Hence we are excited about the community oral health care programme that we were able to initiate this year in Bangladesh as an example of this approach. This was done in partnership with Oral B and the Sapporo Dental College and Hospital (SDCH) in Dhaka and was the major programme we worked upon during the year.

We will now look at each of our areas of strategic activity in turn;

4.1 Physical resources

We are now offering an expanded portfolio of equipment, instruments, specialist materials and sundries which means we are able to resource a wide range of dental situations and oral health outreach activities.

Surgeries – This has been a busy year for the workshop, with surgeries leaving Dentaid at a steady rate as funding has been found for them. An appeal for the Cambodian Children's Fund, to equip them with a surgery for providing oral health care for children and families living on the rubbish dumps in Phnom Penh drew a generous and quick response from our supporters and this project was completed more rapidly as a result. A surgery in Moldova was done in partnership with the Lions Clubs International and two have been sent to Kolkata, to provide for an Indian charity assisting children with handicaps. Further links with this charity will be built when a team of Dentaid volunteers visits in October 2011.

The largest project this year was the provision of equipment to SDCH in Bangladesh as part of helping them launch a community oral health programme. SDCH had originally made contact with Dentaid to request 10 surgeries in 2008, to equip their newly built hospital facility, but had since been able to obtain most of them from other sources, as we had been unable to raise funding for such a large project. They had also more recently run a pilot community oral health programme to help slum dwellers in Dhaka (funded by the Japanese Embassy) and were looking for further support as this was not available from the original funders. With the prospect of funding from a partnership with Oral B we took the opportunity to build on this initial experience by designing a programme which aimed to be self supporting within 3 to 4 years. A range of equipment aimed at resourcing the programme at community, primary and tertiary level has been supplied.

With the HTM 01-05 decontamination guidance coming into force we have been receiving an increased number of autoclave donations. This will help us to respond to a request via the Ministry of Health in Cambodia to equip dental surgeries and hospitals with improved autoclaves for sterilisation, the current methods being grossly inadequate. This project will be continuing into 2011/12.

Smaller shipments – An increased number of smaller orders of equipment and instruments (both for static and portable use) were shipped during the year. This indicates a build up of activity in resourcing oral health care needs in situations additional to hospitals and clinics at the tertiary health care level that is welcome.

Portable Chair – The introduction of the portable chair two years ago into our portfolio of equipment has been timely as witnessed by the continuing interest and steady flow of orders and requests. As part of trying to realise the potential of the chair, we have been actively looking at matching it with our portable instrument kit and a “travel pack” of consumables currently being trialled by Henry Schein through International Health Partners (IHP). We have participated in this trial by supplying the pack to a number of dental professionals or situations where it is seen as being a useful resource and have encouraged feedback to IHP.

Our local Rotary Club has continued to give support towards equipment needed in the workshop to produce the chairs and is currently working with us on a proposal to develop a portable “dentalbox” which we hope will be taken up by the wider Rotary community. The main contents of the box will be the portable chair, instrument kit and a range of consumables similar to the travel pack.

With the increased production of portable chairs in the mix of work it should be noted they are built in our workshop from new (purchased) raw materials and therefore the production does not involve any “gift in kind” component.

Donations and collections – We have again been pleased to receive the generous support of the dental profession through donations of dental equipment, instruments and consumables. The volume of donations has been more than our output and so we have been replacing some of the older and poor quality stock with donations that are better or will be easier to refurbish.

We are especially grateful to the Lion’s Club members who have donated their time, effort and expense in collecting and transporting the donated equipment from around the UK to our premises at Landford. Richard Frost joined the Dentaid/Lions Committee as the new Collections Co-ordinator this year and has brought a new level of diplomacy and efficiency to the whole process. As a result of responding to equipment donations much more effectively, Dentaid’s image is also enhanced among the dental community.

The excellent specialist volunteer help in the sorting of instruments and preparing them for inclusion with surgeries or portable kits has continued throughout the year. Repairs to the portakabin used for this work has also improved the working conditions for our volunteer team.

Corporate technical/equipment support – Our refurbishment work is generously supported by some of the major Dental manufacturers, in particular A-dec, Henry Schein, BA International, Ka-Vo, Takara-Belmont and Qualident. We again extend our thanks for this assistance and welcome the addition of Dentsply to this group through the donation of some useful items to assist our refurbishment work.

Constraints and strategy – The decision last year to reduce the full time staffing level in the workshop has not had a negative impact on our ability to fulfil equipment orders on time and has resulted in a better balance between workload and staffing levels. We are mindful that if the level of activity increases this will need to be reviewed but currently, with the assistance of some skilled volunteer help, the productivity of the workshop was maintained throughout the year. We have recognised the need to further enhance our portable equipment offering and are looking to develop portable suction and lighting for the dental outreach camp context.

4.2 Oral Health Promotion

Dentaid’s strategy in oral health promotion is focused upon direct oral health promotion programmes and developing innovative strategies and ideas that can be used as templates for other projects around the world.

Cameroon School Oral Health Programme – With the provision of further funding for this year, this programme was able to be extended to more schools in the NW Cameroon area under the capable management of Dr Mike Agbor of the Cameroon Baptist Convention Health Board. A total of 11 schools and 7400 pupils were included and a large number of teachers were trained in oral health issues and assisted in teaching the children and supervising the toothbrushing activity. Whilst the delivery of fluoride to the children is a key part of the programme, it is also looking to educate and develop an attitudinal change towards oral health and this was measured as part of the evaluation of the first year. Some encouraging results were found and the programme is having an impact on the parents and community, not just the children taking part. Much work is being done, and will need to continue, in advocating the benefits of the programme to local and national government leaders, and the Cameroon Dental Association. It is hoped that ways can be found to help the programme become more self sustaining and adopted more widely around the country.

Bangladesh – Oral health conditions in Bangladesh are amongst the worst in the world so the opportunity to commence a programme here with the Sapporo Dental College and Hospital (SDCH) was very attractive. Having trialled a programme with slum dwellers they had a good idea of what was needed and together we were able to formulate a programme based on regular community outreach clinics incorporating oral health education classes and treatment based on the WHO's Basic package of oral care, the establishment of a dental service using portable equipment at primary health care centres and referral of serious cases to the SDCH facilities. As the year ends, the programme itself is shortly to commence, following delivery of the equipment and receipt of funding from Oral B.

Cambodia – Resulting from the appointment of Professor Raman Bedi as Dentaids Clinical Director, we have been able to build and strengthen our links with oral health professionals in Cambodia, in particular members of the Dental Health Taskforce-Cambodia and the Charity One-2-One. A good partnership has been established with One-2-One, leading to the launch of a programme called "Smiles and Hopes", which is focused on improving the oral health of orphans in Cambodia, particularly in the many orphanages around Phnom Penh. The programme was able to be launched following receipt of a specific one-off grant, and it provides for the oral health care needs of the orphans plus other aspects of hygiene, with instruction and training for the care assistants in each of the orphanages. As part of continuing the programme, UK dental practices are being offered the opportunity of being linked with and sponsoring an orphanage for one year for £500.

Following the oral health needs assessment we commissioned in Samlaut, as part of our links with the Maddox Jolie-Pitt Foundation and the Oxford Deanery of the NHS, Dr Divya Verma was seconded to the programme and spent a successful period establishing the basis of a community oral health service and producing local, culturally appropriate, oral health education resources. She has recently returned to the UK and we are working with her to utilise this work in further enriching our own resources and are also looking to find funding to enable the next stage of this programme to be implemented.

Bright Bites – Our Bright Bites CDs and resources continued to be sold to schools and Primary Care Trusts. With the shelf life of the product having now reached maturity we have been investigating the possibilities of an updated version. Some useful discussions were held with a potential technical partner but the main barrier to progress is inevitably the need to find a willing corporate sponsor for this project. In the current economic climate this level of funding is difficult to obtain.

Constraints and Strategy – Our strategy of researching and building good partnerships has been pursued during the year with fruitful results. The synergies recognised between the work of Dentaids and Professor Raman Bedi's Global Child Dental Fund (GCDF) and his appointment as Dentaids Clinical Director have led to exploration of joint initiatives and increased partnership opportunities. However, despite ambitious plans, our scope to launch these initiatives has been restricted by the availability of funding. Nevertheless, we have proceeded with several of them but at a more modest level. These include providing elective programmes for Dental students and efforts to establish an expert panel for dental volunteering.

We are anticipating building our links with new partners in Kolkata India, the Bunawona Voluntary Dental Society in Uganda and consolidating the significant one created this year with SDCH in Bangladesh.

4.3 Capacity Building

During the year we have been able to set one of our more experienced administrative volunteers the task of renewing contact with as many past projects as possible. The purpose of this activity has been to enquire whether there are any further needs Dentaid can meet, obtain feedback on how the oral health work is going, if there are any future plans that we can help resource and also how the equipment we supplied is functioning. Whilst some of the smaller equipment orders we have fulfilled this year have been as a result of this work, we have been encouraged to find that the equipment we have sent out has been standing up well to its new life in a different part of the globe.

This subjective impression was substantiated during a training visit by Dentaid's Senior Engineer Dave Effamy to Uganda and Rwanda. Of the more than 12 surgeries seen during the two week trip, all were supplied between 5 and 15 years ago and remained for the most part in good condition and being well used. The training and maintenance programme for dentists and technicians was undertaken in response to a request by Dr Chris Barton and the charity BEAM. He organised a packed itinerary which took them over 1000 miles across Uganda and Rwanda. It was made possible by the generous support of Dr Clive Power, a long term Dentaid supporter, who also brought his excellent dental and technical skills to bear by being part of the team to make the trip. Apart from the value of the programme in giving training to many new dental team members and maintaining or repairing various bits of equipment, much benefit has been gained in reviewing how equipment is being used (or misused), what items are the weak links (e.g. suction motors – which over the past couple of years we have been fitting new as standard and often sending a spare) and what are the key items of learning. All this will now be incorporated into a revision of the training manuals we provide plus some additional resources for dentists in routine maintenance tasks to maintain the surgery in good working order.

Much work and thought from the whole team has gone into the issue of overseas volunteering this year in an effort to address this recognised need whilst finding suitable mechanisms to give it expression. A range of opportunities has been considered and we continue to be mindful of the need to build the capacity and skills of the local dental team, encourage sustainability and keep a focus on the prevention rather than purely curative outcomes that result from a volunteering visit. Already underway are a series of overseas Fundraising Challenges which incorporate two or three days spent volunteering with local NGO's. We have started working more closely with Christian Relief Uganda to offer volunteering opportunities on visits they plan and have welcomed the possible formation of a UK Dental Forum for oral health NGO's. Working with Professor Bedi we have actively investigated the need for an expert panel on volunteering so that clear guidance is available to the profession in this difficult area.

Two promising avenues of work have been developed. Working with One-2-One in Cambodia we will be able to offer volunteering opportunities relating to the Smiles and Hopes programme, where UK professionals can spend time providing treatment to the orphans and other marginalised groups. Linking up with Challenges Worldwide, a Scottish development charity, we aim to commence a programme of focused short term voluntary dental development assignment using their experience in this area of work.

Future, Constraints & Strategy – Our plan to harness the potential of overseas volunteering and to develop volunteering opportunities is well underway and we will be looking to continue this progress in the coming year. We are mindful that there are obstacles to be overcome but that the time investment needs to be made to realise a programme that can properly deliver the key issues mentioned above.

4.4 Advocacy

Ongoing effort has been put into presenting the oral health needs of the disadvantaged around the globe to dental professionals and other groups through talks, exhibitions and items in the dental press. A national network of volunteers willing to speak at local groups is being gradually built and we try to call on their help as requests are received.

Infant Oral Mutilation (IOM) – For many years, Dentaid has been at the forefront of raising awareness about this cultural practice taking place in a wide part of Africa. IOM involves the removal of healthy tooth buds from infants and babies, typically with un-sterile instruments like knives and fingernails by village healers and other untrained practitioners. As well as obvious discomfort and trauma to the child, this often leads to infection and sometimes death. The IOM Action Group, established by Dentaid in 2007, has continued its excellent work and this year focused on reviewing its progress to date and working on a strategy to “take the campaign to the next level”. This is now seen as finding a suitable person and funding to enable PhD level research to be undertaken on the practice. A report on funding was commissioned from a willing volunteer and some of the suggestions made have been actively pursued. There are encouraging signs as we move into the next financial year that this aim will be substantially taken forward through links with Sheffield Dental School and local Ugandan dental professionals.

Advising other charities and health organisations - Dentaid is also fulfilling a global role as a source of advice and information to non-dental charities and health organisations around the world interested or involved in setting up and running oral health programmes.

Dentaid’s website – Dentaid’s website is one of the leading websites in the world for freely accessible and downloadable oral health articles, information and training resources. The website is also a key tool in advertising for the donation of dental equipment, the facilitation of the equipment and supplies operation to overseas partners (Physical resources) and the charity’s fundraising function. We have been able to keep it updated on a much more regular basis this year with help from a dentally trained volunteer.

5 Financial review

5.1 General review

After a challenging year in 2009/10 it is pleasing to report a healthy upturn in the overall performance of the charity with total income increased to £416,172 (£309,929 2009/10) a 34% rise. Income growth in most areas contributed to this result, but the most significant was the excellent sum of £63,196 raised in partnership with Oral B through the “Campaign for Worldwide Smiles” (CWWS). Whilst exceeding expectations, a lot of hard work and planning from all concerned contributed to this total.

The CWWS idea was developed by the creative team appointed by Oral B and was associated with the marketing of two ranges of Oral B manual toothbrushes in major supermarket chains in the UK for a month during September and October 2010. An agreed contribution per brush towards the work of Dentaid was agreed and the buying public were encouraged to “buy a brush and make a difference”. Jodie Kidd was invited to be the celebrity ambassador for the campaign and gave good support, especially at the special events organised to enhance the impact and funds raised. It was also agreed that the amounts raised by the CWWS would be directed towards a specific oral health programme suggested by Dentaid. As a result, the community oral health programme with The Sapporo Dental College and Hospital was developed as the focus and the progress already made on this programme have been described earlier in this report.

Aside from the funds raised the benefits of this partnership for Dentaid were also in the raising awareness about Dentaid and the opportunity to start to educate the general public about the oral health conditions faced by people in the developing world. We appreciated the sensitivity and seriousness shown by Oral B and the creative team in trying to convey this in concise and effective ways as part of the overall campaign and again wish to express our thanks to all involved.

A growth of 135% in Gifts in Kind indicates a healthy increase in activity in the fulfilling of orders for refurbished equipment but this should also be viewed in the knowledge that the final total has been boosted by a timing issue. This year's total includes some orders that had been largely completed before April 2010 but not shipped until this financial year. Project sponsorship income reinforces the indication that overall activity during the year was up, the increase of 12.6% being an encouraging result in funding much needed oral health equipment requests. It is not always easy to predict the response to an appeal for £3000 plus shipping costs to fund the supply of a surgery; this amount was raised in less than a month for the one needed in Cambodia for the "dump children", whilst the one in Nicaragua for equally needy children took about 10 months before all the funds were donated, despite the best creative efforts of our fundraising staff.

An 8.5% uplift in general one off donations needs to be set against a small drop in income from our Partners in Action, a core group of committed supporters. Raising income from fundraising events has continued to be hard work in the current economic climate although there are signs that the uptake of places on overseas fundraising challenges is beginning to rise again, which bring the greatest contribution to this income source. Event fundraising income again benefited from a variety of Denplan supported activities producing £15,885 as a result of the fundraising partnership with them. As expected with an increased income, our Gift Aid reclaim was up on the previous year at £17,060, although this was not recoverable on much of the CWWS income generated. An exceptionally large order placed for Bright Bites last year should not be used to compare sales income for this year, which was close to our forecast made in the budget for a product which, as described earlier, has reached maturity and is becoming out of date.

Our fundraising costs have also risen over the previous year, the increase mainly being due to more time spent on the CWWS work, with obvious benefit resulting for the charity. Despite this increase, the overall fundraising cost to total income ratio has been improved to 18%. Through the addition of duplicate fundraising events in different parts of the country, like the successful Christmas Ball, we hope in the coming year to reduce the ratio further.

Total charitable expenditure has risen by 25% to £308,118 (£244,882 2009/10) with the most significant differences being in the areas of gifts in kind and oral health promotion. The latter is welcomed as a positive trend in meeting our wider strategic objectives. The overall result is that there was a surplus of £31,790 for the year compared with a deficit of £3,373 in 2009/10.

We wish to express our thanks to other key corporate supporters – principally A-dec (UK) Ltd, KaVo, BA International, Admor Ltd and Dental Sky. We greatly appreciate the good support we receive from the BDA and BDTA in promoting Dentaid at their exhibitions and from the Lions Club of Great Britain and Ireland through the collections service and regular donations. Through the charity CAN, we were able to benefit from the expertise of two Panasonic employees who prepared a report for us on the possibilities of recycling used dental equipment.

Our year can be summed up as one in which a corner has been turned and which we hope signals a period of growth and development for Dentaid which will continue for the foreseeable future.

5.2 Personnel Issues

The major staff changes which took place in 2009/10 have now bedded down and we have a well motivated core team. Staff numbers have remained the same although the position of Administrator has been filled this year by a new member of staff, the previous postholder having resigned to work in Kazakhstan with the Peace Corps.

5.3 Reserves policy

It is the policy of the charity to maintain unrestricted funds, which are the free reserves of the charity, at a level that equates to at least three months unrestricted expenditure. This provides sufficient funds to cover management, administration and support costs, and to respond to urgent requests from overseas that may arise from time to time.

6 Future Plans

Work this year was commenced on some key areas which were identified in a review of our Strategic Plan. This includes developing a programme to facilitate the opportunities for dental professionals from the UK to be able to work abroad, researching openings for the recycling and disposal of used dental equipment to create a new income stream for the charity, and continuing to develop complementary items of portable equipment to partner with the portable chair and instrument kits. Greater impact in the areas of capacity building and oral health prevention can be achieved by partnering with other NGO's and a proactive approach to identifying these opportunities has been implemented as the way forward and has borne fruit this year.

In collaboration with One-2-One and the Global Child Dental Fund we are looking to take forward two initiatives in Cambodia; the supply of autoclaves to hospitals and clinics throughout the country, and the building up of the Hopes and Smiles programme through direct support from UK practices and volunteering opportunities for both qualified dental staff and students on electives.

We hope to build on our partnership with Oral B and the CWWS, thus enabling further input and support to be given to SDCH in Bangladesh in establishing a sustainable community oral health programme.

We are entering the third year of our schools toothbrushing programme in Cameroon and are seeking ways in which to make it self sufficient, looking to continue its expansion through the involvement of the Chief Dental officer and the Cameroon Dental Association and learn important details about the effectiveness of such programmes through a planned evaluation.

Small company provisions

This report has been prepared in accordance with the small companies regime under the Companies Act 2006.

Approved by the board and signed on its behalf by:

Jeremy Hett
Chairman

Date: 27th September 2011

Trustees Responsibilities in Relation to the Financial Statements

The trustees (who are also directors of Dentaid for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and regulations.

Company law required the trustees to prepare financial statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the profit or loss of the charitable company for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In accordance with company law, as the company's directors, the trustees have taken steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information. The trustees confirm that there is no relevant information that they know of and which they know the auditors are unaware of.

Independent Auditors' Report to the Trustees of Dentaïd

We have audited the financial statements of Dentaïd for the year ended 31st March 2011 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with section 43 of the Charities Act 1993 and the regulations made under section 44 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

The trustees have elected for the financial statements to be audited in accordance with the Charities Act 1993 rather than the Companies Act 2006. Accordingly, we have been appointed as auditor under section 43 of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the APB's website at www.frc.org.uk/apb/scope/private.cfm

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31st March 2011 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 1993 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements;
- the charitable company has not kept adequate accounting records;
- the financial statements are not in agreement with the accounting records and returns, or
- we have not received all the information and explanations we require for our audit.

.....
Wortham Jaques
Statutory Auditor

130a High Street
Credton
Devon
EX17 3LQ

Date:.....

Wortham Jaques is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Dentaid

Statement of Financial Activities

Including Income and Expenditure Account and Statement of Recognised Gains and Losses

Year ended 31 March 2011

	Note	Unrestricted Funds £	Restricted Income Funds £	TOTAL Funds 2011 £	TOTAL Funds 2010 £
Incoming resources	2				
Gifts in kind		78,904	-	78,904	33,524
Project sponsorship		-	89,959	89,959	79,826
Fund raising events		64,541	-	64,541	64,648
Partners in Action		62,061	-	62,061	63,620
Other corporate income		50	63,196	63,246	-
Donations		46,924	9,500	56,424	52,961
Sales		485	-	485	15,176
Other income		552	-	552	174
Total incoming resources		253,517	162,655	416,172	309,929
Less: Cost of generating funds	3				
Fund-raising costs		76,264		76,264	68,420
Net incoming resources available for charitable application		177,253	162,655	339,908	241,509
Charitable expenditure	3				
Costs of activities in furtherance of the objects of the charity:					
Gifts in kind		78,904	-	78,904	33,524
Oral health promotion		27,037	34,999	62,036	48,733
Physical resources		27,873	78,823	106,696	102,262
Capacity building		16,189	5,688	21,877	21,983
Advocacy		24,123	500	24,623	21,160
Governance		13,982	-	13,982	17,220
Total charitable expenditure		188,108	120,010	308,118	244,882
Total resources expended		264,372	120,010	384,382	313,302
Net income/ (outgoings) for the year		(10,855)	42,645	31,790	(3,373)
Interfund transfer		750	(750)		
Funds brought forward at 1 April 2010		84,350	-	84,350	87,723
Funds carried forward at 31 March 2011		£74,245	£41,895	£116,140	£84,350

The results for the year derive from continuing activities and there are no gains or losses other than those shown above

The notes on pages 16 to 24 form an integral part of these financial statements

Dentaid

Registration number: 03660759

Balance Sheet

As at 31 March 2011

	Note	2011 £	2010 £
Fixed Assets			
Tangible fixed assets	5	6,693	14,268
Current Assets			
Stock	6	4,097	9,137
Debtors	7	90,627	36,329
Balances at Bank	8	39,238	41,435
		<u>133,962</u>	<u>86,901</u>
Creditors: amounts falling due within one year	9	<u>(24,515)</u>	<u>(16,819)</u>
Net current assets		109,447	70,082
Net assets		<u>£116,140</u>	<u>£84,350</u>
Funds			
	18		
Unrestricted Funds		74,245	84,350
Restricted Income Funds		41,895	-
Total funds		<u>£116,140</u>	<u>£84,350</u>

For the financial year ended 31 March 2011, the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

The members have not required the charitable company to obtain an audit of its financial statements for the year in question in accordance with section 476.

The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies regime, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008)

The financial statements were approved by the Board on 27th September 2011 and signed on its behalf by:

Jeremy Hett
Chairman

The notes on pages 16 to 24 form an integral part of these financial statements.

Dentaid

Notes to the Accounts

For the Year ended 31 March 2011

1. Accounting policies

(a) Company Status

Dentaid is a charitable company limited by guarantee and has no share capital. The liability of each member is limited to ten pounds in the event of winding up.

(b) Basis of accounting

The financial statements have been prepared under the historical cost accounting convention and in accordance with SORP on Accounting by Charities and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008) and the Companies Act 2006.

(c) Fixed assets and depreciation

Assets costing less than £250 are not capitalised and are written off at the time of purchase.

Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost on a straight line basis over their expected useful economic lives as follows:

Workshop equipment	over 5 years
Office equipment	over 3 years
Furniture and fittings	over 5 years
Motor vehicles	over 5 years

Improvements to workshop premises are amortised over the remaining term of the lease. The current term is for five years from 1 September 2006 to 31 August 2011.

(d) Stocks

Stocks are stated at the lower of cost and net realisable value.

(e) Donated Assets

Donated assets held at the year end are valued on the same basis as gifts in kind (see below). They are discounted by 75% to reflect the normal proportion of equipment received by the charity which turns out to be unusable. In accordance with paragraph 132 of the SORP this value is not included in the balance sheet but is disclosed by way of a note.

(f) Incoming resources

Incoming resources are recognised once the charity has entitlement to the resources, it is certain that the resources will be received and the monetary value of those resources can be measured with sufficient reliability. Income is only deferred when:

- The donor specifies that the grant or donation must only be used in future accounting periods; or
- The donor has imposed conditions which must be met before the charity has unconditional entitlement.

Policies relating to particular areas of income are:

Voluntary income

Voluntary income received by way of grants, gifts, donations and legacies is included in full in the statement of financial activities when receivable. Grants, where entitlement is not conditional on the delivery of a specific performance by the charity, are recognised when the charity becomes unconditionally entitled to the grant.

(g) Expenditure

Expenditure is accounted for on an accruals basis. Overhead and other costs not directly attributable to particular functional activity categories are apportioned over the relevant categories on the basis of management estimates of the amount attributable to that activity in the year. Details of the bases of apportionment are given in the notes to the accounts.

- Costs of generating funds comprise the costs associated with attracting voluntary income.
- Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.
- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs of the strategic management of the charity.

(h) Irrecoverable VAT

All resources expended are classified under activity headings that aggregate all costs related to the category. Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(i) Gifts in kind

The charity receives substantial amounts of gifted second hand dental equipment for refurbishment prior to its being shipped to overseas projects. In the opinion of the directors a reasonable estimate of the gross value to the charity of gifted second hand equipment, prior to refurbishment, may be based upon a third of current purchase price of equivalent equipment. This valuation is taken into account for equipment selected for refurbishment and set aside for distribution to overseas donors during the year.

(j) Fund-raising costs

These include allocation of salaries and overhead costs in respect of time of staff involved in fund-raising, together with the direct costs of organised events.

(k) Charitable expenditure

This includes all expenditure relating to the objects of the Charity:

- (i) Dental equipment supply includes all expenditure on the acquisition, renovation and transport of dental equipment.
- (ii) Governance includes costs attributable to the management of the charity's assets, organisational administration and compliance with constitutional and statutory requirements.

(l) Operating leases

Rentals payable under operating leases are charged in the statement of financial activities on a straight line basis over the lease term.

(m) Funds

- (i) The Charity's general funds consist of funds that the charity may use for its purposes at its discretion and are required to finance the Charity's day-to-day expenditure. When the trustees have identified a specific use for part of the unrestricted fund or where they have deemed it prudent to establish a reserve for a particular purpose, they have set up appropriate designated funds. Details of these funds are given in the notes to the accounts.
- (ii) The restricted income funds are those where the donor has imposed legally binding restrictions on their use. The restricted income funds received by the Charity are all for financing specific ongoing projects.

(n) Pensions

Pension costs are incurred by way of employer's defined contributions to some employee's personal pension schemes. Contribution rates are 10% of gross salary and costs are wholly charged to the SOFA in the year in which they are incurred. Details of the costs and any outstanding amounts are shown in the notes to the accounts.

(o) Taxation

The Charity is a registered charity and is exempt from corporation tax.

Dentaid

Notes to the Accounts continued

Year ended 31 March 2011

2. Incoming Resources

	Unrestricted £	Restricted £	2011 Total £	2010 Total £
Gifts in kind - dental equipment	78,904	-	78,904	33,524
Project sponsorship (note 18)	-	89,959	89,959	79,826
Partners in Action	62,061	-	62,061	63,620
Other corporate income	50	63,196	63,246	-
Donations	46,924	9,500	56,424	52,961
Sales	485	-	485	15,176
Other income	552	-	552	174
	£188,976	£162,655	£351,631	£245,281
Fundraising events				
	Unrestricted £	Restricted £	2011 Total £	2010 Total £
Dress Up for Dentaid Day	1,348	-	1,348	1,985
Collection boxes	1,661	-	1,661	1,086
Running events	3,347	-	3,347	2,322
Golf Events	4,874	-	4,874	8,045
UK Challenge Events	14,260	-	14,260	12,898
Overseas Challenge Events	24,069	-	24,069	18,052
Formal Ball	8,177	-	8,177	6,428
Corporate Fundraising - Denplan	4,146	-	4,146	8,614
Recycling Appeal	170	-	170	372
Gold refining	2,345	-	2,345	617
Other fundraising activities	144	-	144	4,229
	£64,541	-	£64,541	£64,648
Total incoming resources	£253,517	£162,655	£416,172	£309,929

Income tax recoverable from Gift aided donations amounted to £17,060 (2010 - £14,919)

Unrestricted donations and grants over £1,000 were received from the following donors :
(individuals not included for privacy reasons):

Christian Dental Fellowship	1,750
Gloucestershire Independent Dentists	1,000
Paget Trust	1,000
SMB Trust	2,000
The Forest Hill Charitable Trust	1,000
Valentine Trust	10,000

Denplan - through a combination of sponsorships and fund raising events Denplan raised a net amount of £15,885 (2010 - £19,867)

Lions Club - donations amounting to £3,400 (2010 - £4,200) are included in project sponsorship restricted income.

Dentaid

Notes to the Accounts continued

Year ended 31 March 2011

3. Total resources expended

	Basis of Allocation	Oral Health Promotion £	Physical Resources £	Capacity Building £	Advocacy £	Fund-raising & Publicity £	Governance £	2011 Total £	2010 Total £
<u>Costs allocated directly to activities</u>									
Staff costs (note 15)	Direct	27,454	47,531	15,248	17,633	36,750	6,915	151,531	160,202
Equipment supply	Direct	-	23,433	-	-	-	-	23,433	3,976
Shipping	Direct	-	13,340	-	-	-	-	13,340	9,971
Exhibitions and conferences	Direct	-	-	-	1,293	-	-	1,293	3,413
Program costs	Direct	28,905	7	3,468	50	14	-	32,444	27,713
Other fundraising costs	Direct	-	-	-	-	27,967	-	27,967	19,104
Audit	Direct	-	-	-	-	-	2,670	2,670	1,800
Accountancy	Direct	-	-	-	-	-	2,275	2,275	2,550
Legal and professional	Direct	-	-	-	-	-	330	330	446
<u>Support costs allocated to activities</u>									
Premises	Floor area	758	12,671	220	391	563	196	14,799	13,718
Motor expenses	Usage	-	1,146	-	617	-	-	1,763	1,427
Newsletter and mailings	Activity	184	184	184	184	2,573	368	3,677	3,300
Communications	Activity	398	478	106	319	1,221	133	2,655	2,380
Marketing (including website)	Activity	1,115	1,115	653	1,115	462	-	4,460	3,752
Office supplies	Activity	64	193	13	13	322	39	644	653
Office equipment	Activity	458	746	362	528	1,141	125	3,360	1,741
Insurances	Usage	245	1,708	245	245	408	82	2,933	2,676
Irrecoverable VAT	Activity	1,058	-	373	420	-	-	1,851	1,504
Miscellaneous	Activity	162	358	62	296	605	103	1,586	1,833
Depreciation	Usage	1,235	3,786	943	1,519	4,238	746	12,467	17,619
Gifts in kind - dental equipment		62,036	106,696	21,877	24,623	76,264	13,982	305,478	279,778
		£62,036	£106,696	£21,877	£24,623	£76,264	£13,982	£384,382	£313,302

4. Grantmaking activities

Program costs included the following grants made directly to the following institutions:

Cameroon Baptist Church Health Service Board - Schools Toothbrushing Programme
One 2 One Cambodia - Smiles and Hopes

	2011 £	2010 £
	14,551	13,591
	12,101	-
	£26,652	£13,591

Dentaid

Notes to the Accounts continued

Year ended 31 March 2011

5. Tangible Fixed Assets

Cost	Opening Balance	Additions	Disposals	Closing Balance
	£	£	£	£
Leasehold property improvements	34,919	-		34,919
Workshop equipment	9,555	825		10,380
Office equipment	47,669	4,065	(8,617)	43,117
Furniture and fittings	3,526	-		3,526
Motor vehicles	9,635	-		9,635
	£105,304	£4,890	(£8,617)	£101,577
Depreciation	Opening Balance	Charge for year	Disposals	Closing Balance
	£	£	£	£
Leasehold property improvements	25,998	6,295		32,293
Workshop equipment	8,944	444		9,388
Office equipment	43,033	5,232	(8,153)	40,112
Furniture and fittings	3,476	30		3,506
Motor vehicles	9,585	-		9,585
	£91,036	£12,001	(£8,153)	£94,884
Net book value	Opening Balance			Closing Balance
	£			£
Leasehold property improvements	8,921			2,626
Workshop equipment	611			992
Office equipment	4,636			3,005
Furniture and fittings	50			20
Motor vehicles	50			50
	£14,268			£6,693

6. Stocks and donated assets held at the year end

	2011	2010
	£	£
Stocks - dental equipment	4,097	9,137

At the year end the value of donated assets held by the charity, valued on the same basis as gifts in kind after allowing for unusable items was £95,119 (2010 - £ 126,339).

Dentaid

Notes to the Accounts continued

Year ended 31 March 2011

7. Debtors - amounts falling due within one year

	2011	2010
	£	£
Income Tax repayable (Gift Aid)	17,060	14,918
Deferred expenditure	2,670	2,984
Prepayments	1,533	1,268
Other debtors	69,364	17,159
	<u>£90,627</u>	<u>£36,329</u>

8. Bank balances

	2011	2010
	£	£
Bank balances	39,090	41,126
Cash in hand	148	309
	<u>£39,238</u>	<u>£41,435</u>

9. Creditors - amounts falling due within one year

	2011	2010
	£	£
VAT payable	1,858	510
Deferred income	6,875	1,350
Accruals	6,059	4,493
Unremitted pension contributions	333	333
Other creditors	9,390	10,133
	<u>£24,515</u>	<u>£16,819</u>

10. Deferred income

Deferred income comprises grants and sponsorship received in advance.

	2011	2010
	£	£
Balance as at 1st April 2010	1,350	465
Amount released to incoming resources	(1,350)	(465)
Amount deferred in the year	6,875	1,350
	<u>£6,875</u>	<u>£1,350</u>

Balance as at 31st March 2011

11. Net incoming resources for year

	2011	2010
	£	£
Net income is stated after charging:		
Depreciation for the year	12,001	17,446
Audit fees	2,670	1,800

12. Analysis of assets less liabilities between funds

	Unrestricted Funds	Restricted Income Funds	TOTAL
	£	£	£
Fixed assets	6,693	-	6,693
Net current assets	67,552	41,895	109,447
Value of funds at 31 March 2011	<u>£74,245</u>	<u>41,895</u>	<u>£116,140</u>

Dentaid

Notes to the Accounts continued

Year ended 31 March 2011

13. Summary of Fund Movements

	Unrestricted Funds		Restricted Funds
	General Reserves	Fixed Assets Fund	
	£	£	£
Opening Balances	70,082	14,268	-
Income	174,613		162,655
Gifts in Kind	78,904		
	<u>323,599</u>	<u>14,268</u>	<u>162,655</u>
Programme expenditure	95,222		120,010
Gifts in Kind	78,904		
Fundraising costs	76,264		-
Governance	13,982		
	<u>264,372</u>		<u>120,010</u>
Interfund transfer - gift for equipment purchase	750		(750)
Transfer from/(to) Fixed Assets Fund	7,575	(7,575)	
Closing Balances	<u>£67,552</u>	<u>£6,693</u>	<u>42,645</u>

The fixed assets fund is a designated fund representing the net book value of tangible fixed assets. Each year an amount is transferred to or from the fund representing the movement in the net book value of tangible fixed assets in the year.

14. Trustees remuneration and other payments

The trustees received no remuneration during the year (2010: Nil). No expenses were reimbursed to trustees during the year (2010: £120 to one trustee).

15. Staff costs

	2011 £	2010 £
Salaries	132,898	137,075
Staff pension contributions	4,000	4,333
National insurance	13,031	13,562
Relocation expenses	-	9
Redundancy	-	5,000
Staff advertising, childcare, training and other expenses	1,602	199
	<u>£151,531</u>	<u>£160,202</u>

No employee earned more than £60,000 per annum (2010 - nil).

The average number of employees for the period was 5 (2010- 5) .

The average numbers of (whole time equivalent) staff employed during each year were:

	2011	2010
Oral health promotion	0.9	0.8
Physical resources	1.5	2.0
Capacity building	0.5	0.4
Advocacy	0.6	0.4
Fundraising	1.2	1.1
Governance	0.2	0.3
	<u>4.9</u>	<u>5.0</u>

16. Financial Commitments

Commitments due in the following year under operating leases on land and buildings with expiry dates within:

	2011 £	2010 £
Two to five years	10,000	10,000

17. Ultimate controlling party

The ultimate controlling party of the charity is the board of trustees.

Notes to the Accounts continued

Year ended 31 March 2011

18. Statement of movements on programmes and funds

	Source of finance			Expenditure £	At 31 March 2011 £
	At 1 April 2010 £	Unrestricted Income £	Restricted Income £		
Dentaid Programmes					
Oral Health Promotion					
Cameroon Schools Program		857	21,418	(22,275)	-
Cambodia - Smiles and Hopes		6,677	13,581	(20,258)	-
Bangladesh - Sapporo Dental Hospital (CWWS)			12,555		12,555
Other Oral Health Promotion work		19,503		(19,503)	-
	-	<u>27,037</u>	<u>47,554</u>	<u>(62,036)</u>	<u>12,555</u>
Physical Resources (no. of surgeries sent in brackets)					
Surgery projects					
1293 - NICARAGUA - Pro Dental Mission (1)		902	4,108	(5,010)	-
1347 - CAMBODIA - Phnom Penh dump children (1)		164	4,903	(5,067)	-
1413 - INDIA - Kolkata (2)		1,217	7,326	(8,543)	-
1494 - MOLDOVA - Ocnita (1)		1,484	3,990	(5,474)	-
1554 - BANGLADESH - Sapporo Dental Hospital (CWWS) (4)		-	22,273	(22,273)	-
1732 - NIGERIA - St Lukes (1)		3,452	3,024	(6,476)	-
2157 - ROMANIA - Vis De Copil		1,217	850	(2,067)	-
2275 - CAMBODIA - Autoclave assemblage		197	270	(467)	-
1353 - CAMBODIA - Banthey Meanchey			50	-	50
2128 - ROMANIA - Comanesti		1,317	3,000	(4,317)	-
2476 - ROMANIA - Tecuci		2,585	1,500	(4,085)	-
		-			
Portable equipment projects					
1531 - NEPAL - The Ghurka Trust		1,639	750	(2,389)	-
1778 - MALAWI - Malcom Prideaux		1,482	935	(2,417)	-
1873 - KENYA - P.A.C.E		2,879	1,886	(4,765)	-
2022 - CAMEROON - C.B.C.H.B		1,891	4,160	(6,051)	-
2186 - TANZANIA - Bridge 2 Aid		1,134	1,700	(2,834)	-
2281 - TANZANIA - Musoma		392	1,675	(2,067)	-
2306 - RWANDA - Makerere		668	2,100	(2,768)	-
2387 - AUSTRALIA - Turkey Creek		1,312	4,893	(6,205)	-
1844 - UGANDA - S.H.E.D		85	4,000	(4,085)	-
		-			
Smaller Shipments of equipment, instrument kits and oral health promotion materials					
		-			
		-			
	0	3,856	5,480	(9,336)	-
	-	<u>27,873</u>	<u>78,873</u>	<u>(106,696)</u>	<u>50</u>
Capacity Building					
Uganda - Engineer training		2,609	5,688	(8,297)	-
Bangladesh - Sapporo Dental Hospital (CWWS)			29,290		29,290
Other Capacity Building work		13,580		(13,580)	-
	-	<u>16,189</u>	<u>34,978</u>	<u>(21,877)</u>	<u>29,290</u>
Advocacy					
IOM action group		2,422	500	(2,922)	-
Conferences/Exhibitions/Talks and other activities		17,343		(17,343)	-
Student Dental Elective Pilot		4,358	-	(4,358)	-
	-	<u>24,123</u>	<u>500</u>	<u>(24,623)</u>	<u>-</u>
Programme totals					
	£0	£95,222	£161,905	(£215,232)	41,895
Other Restricted Funds					
Grant received from Rotary for purchase of equipment		-	750	(750)	-
	£0	£95,222	£162,655	(£215,982)	41,895